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March 26, 2004

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То:	Assistant Commissioner for Patents	From: Peter A. Nichols 818/493-2323	OFFI(CIAL
Art l	ntion: Examiner K. Schaetzle Jnit: 3762 HNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221		
Tele	copier: 703/872-9306	Telecopier: 818/362-4795		
RE:	Amendment and Response to Restriction Requirement Applic. No. 10/016,225 Filed: 10/19/2001 Docket No. A01P1068	Number of pages being sent:		

PLEASE DELIVER TO EXAMINER SCHAETZLE, ART UNIT 3762. THANK YOU.

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PATENT RECEIVED

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 2 6 2004

Applicant:

Jeffrey D. Snell

Serial No.:

10/016,225

10/19/2001

Examiner: Art Unit:

K. Schaetzle

3762

OFFICIAL

Filed: Docket No.:

A01P1068

For:

METHOD AND APPARATUS TO BACKUP, UPDATE AND

SHARE DATA AMONG IMPLANTABLE CARDIAC

STIMULATION DEVICE PROGRAMMERS

TRANSMITTAL OF AMENDMENT AND RESPONSE TO RESTRICTIN REQUIREMENT AND CERTIFICATE OF MAILING

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Submitted herewith for filing are the following documents:

X Amendment and Response to Restriction Requirement

X Transmittal of Amendment... and Cert. of Mlg.

X Associate Power of Attorney

X Fee Transmittal

Respectfully submitted,

Date: 3-26-04

Peter A. Nichols, Reg. No. 47,822 Patent Attorney for Applicant

Correspondence Address: PACESETTER, INC. 15900 Valley View Court Sylmar, CA 91392-9221 818/493-2323 818/362-4795 (fax)

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

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FEE TRANSMITTA	L.	Application Number 10/		0/016,225						
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for FY 2004		First Named Inventor Jeffe			effery D	fery D. Snell				
Effective 10/01/2003. Patent focs are subject to annual revision.					K. Schaetzle					
Applicant claims small entity status, See 37 CFR 1.27		Art Unit 376			37 6 2	62				
TOTAL AMOUNT OF PAYMENT (\$) 0		Attorney Docket No. A01P1068								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)									
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SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Peter A. Nichols	Registre (Allome)	ation No (Apent)	47,	,822		Telephone	818-493-2323			
Signature P. L.			- Artist				Date	3-26	-04	

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